



TRAINING/SPEAKER REQUEST

PARTIES Provide the name(s) and information for the requesting employer, union, or organization.

REQUESTING PARTY

Party Name _____

Contact _____

Title _____

Address _____

City, State, Zip _____

Phone _____ Ext. _____

Email _____

Signature _____ Date _____

ADDITIONAL PARTY

Party Name _____

Contact _____

Title _____

Address _____

City, State, ZIP _____

Phone _____ Ext. _____

Email _____

Signature _____ Date _____

TYPE OF REQUEST Indicate whether this is a request for training or a speaker.

TRAINING

Do both parties agree to training? Yes No Anticipated Number of Participants _____

Bargaining Unit(s) Involved _____

SPEAKER

Reason/Event _____

Date of Event _____ Speaking Time Frame _____

ADDITIONAL INFORMATION Include any special requests or scheduling needs.